



Change of Information Form

Member # _____

Date: _____

Primary Name _____

Joint Name _____

Social Security # _____

Social Security # _____

Date of Birth ____/____/____

Date of Birth ____/____/____

Mother's Maiden Name _____

Mother's Maiden Name _____

ONLY Update New Information (below)

New Name _____

New Name _____

Primary Address (A PRIMARY STREET ADDRESS IS REQUIRED & MUST BE KEPT ON FILE)

Primary Address (A PRIMARY STREET ADDRESS IS REQUIRED & MUST BE KEPT ON FILE)

Alternate/Seasonal Address Start Date _____ End Date _____

Alternate/Seasonal Address Start Date _____ End Date _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Business Phone _____

Business Phone _____

Personal Email _____

Personal Email _____

Business Email _____

Business Email _____

Other _____

Other _____

Name of All Dependents and Last 4 of their SS#:

Name of All Dependents and Last 4 of their SS#:

X _____

X _____

Primary Signature

Joint Signature

FOR OFFICE USE ONLY

Maintenance completed in system by: _____
PLEASE PRINT River Valley Employee

Member Identification verified by: _____
PLEASE PRINT River Valley Employee

ID Verification Method:

Government Issued ID Signature Card on file Member known to employee Other: _____

Operations _____ Date _____ Credit Cards _____ Date _____ ATM/Debit _____ Date _____ IRA _____ Date _____